CHAPTER 6
SECTION 3

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 145 - 164)

ELEMENT NAME: PATIENT COPAYMENT (2-145)		
VALIDITY EDITS		
2-145-01　　MUST BE NUMERIC.		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
SPONSOR STATUS	SEE BELOW	PROGRAM INDICATOR, TYPE OF SERVICE, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPONSOR STATUS	SEE BELOW	SPECIAL PROCESSING CODE, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, OVERRIDE CODE, SPECIAL PROCESSING CODE
SPECIAL PROCESSING CODE	SEE BELOW	SPONSOR STATUS, TYPE OF SERVICE, PRINCIPAL TREATMENT DIAGNOSIS, AMOUNT ALLOWED BY PROCEDURE CODE, NUMBER OF SERVICES, ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
[1]　SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!		

ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
	PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE, SPECIAL PROCESSING CODE
	SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP			
NO ERROR	IF SPECIAL PROCESSING CODE =	MS	TRICARE-SENIOR PRIME (NETWORK)
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)
	BYPASS ALL COPAYMENT EDITING.		
2-145-02R	PATIENT COPAYMENT MUST BE ZERO **WHEN**.		
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
2-145-03R	PATIENT COPAYMENT MUST BE ZERO **WHEN**		
	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	UNLESS THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE $\geq$ ZERO.		
2-145-05R	PATIENT COPAYMENT MUST BE $\leq$ AMOUNT ALLOWED **WHEN**		
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
OR			
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		O	CAMCHAS
		A	INTERNAL PARTNERSHIP
		S	RESOURCE SHARING
		#	HOSPICE
2-145-06R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) **WHEN**		
	PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
OR			
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		O	CAMCHAS
		A	INTERNAL PARTNERSHIP
		S	RESOURCE SHARING
		#	HOSPICE
		MH	MENTAL HEALTH
2-145-07R	PATIENT COPAYMENT MUST BE ZERO **WHEN**		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM, (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
		#	HOSPICE
		S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
OR			
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE			
	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		E	CANCELLATION NON-HCSR DATA
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE		
	THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS.		
2-145-08R	PATIENT COPAYMENT MUST BE ZERO **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	I	INPATIENT
		K	EMERGENCY ROOM COST SHARED AS INPATIENT
		O	OUTPATIENT
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
	AND PROVIDER MAJOR SPECIALTY NOT =	BC	BIRTHING CENTER
		O	OUTPATIENT
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)		
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
	A	INTERNAL PARTNERSHIP
	O	CAMCHAS
	N	CHAMPUS SELECT
	6	HOME HEALTH CARE
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	S	RESOURCE SHARING
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE
	!	NORTHERN REGION COORDINATED CARE
	MH	MENTAL HEALTH
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	ELSE		
	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
	PATIENT COPAYMENT MUST BE ZERO **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	PROGRAM INDICATOR =	N	NON-INSTITUTIONAL
		D	DRUG
		T	DENTAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	A	AMBULATORY SURGERY
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
PATIENT RELATIONSHIP TO SPONSOR ≠		T H R Y	FORMER SPOUSE
NO OCCURRENCE OF OVERRIDE CODE =		K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =		N	CHAMPUS SELECT
		O	CAMCHAS
		9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		6	HOME HEALTH CARE
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		#	HOSPICE
		*	VA MEDICAL CENTER CLAIM
		!	NORTHERN REGION COORDINATED CARE
		MH	MENTAL HEALTH
TYPE OF SUBMISSION =		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =		A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE			
ELSE TYPE OF SUBMISSION =		B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		

	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
2-145-09R	PATIENT COPAYMENT MUST EQUAL $25.00 (OR BETWEEN ZERO AND $24.99, NOT TO EXCEED AMOUNT ALLOWED, IF AMOUNT ALLOWED < $25.00) **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	A	AMBULATORY SURGERY, COST-SHARED AS INPATIENT

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		M	MATERNITY OUTPATIENT, COST-SHARED AS INPATIENT
		O	OUTPATIENT
AND PROVIDER MAJOR SPECIALTY =		BC	BIRTHING CENTER
NO OCCURRENCE OF OVERRIDE CODE =		K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
NO OCCURRENCE OF SPECIAL PROCESSING CODE =		9	FORT DRUM
		6	HOME HEALTH CARE
		O	CAMCHAS
		A	INTERNAL PARTNERSHIP
		N	CHAMPUS SELECT
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE
		!	NORTHERN REGION COORDINATED CARE
		MH	MENTAL HEALTH
TYPE OF SUBMISSION =		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
OR TYPE OF SUBMISSION =		A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.			
• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (**OR** FORMER SPOUSE).			
2-145-10R	PATIENT COPAYMENT MUST = ZERO **WHEN**		
	SPONSOR STATUS =	F	FORMER MEMBER

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		I	PERMANENTLY DISABLED
		O	TEMPORARILY DISABLED
		R	RETIRED
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM
		O	CAMCHAS
		A	INTERNAL PARTNERSHIP
		N	CHAMPUS SELECT
		6	HOME HEALTH CARE
		R	MEDICARE/TRICARE DUAL ENTITLEMENT
		S	RESOURCE SHARING
		*	VA MEDICAL CENTER CLAIM
		#	HOSPICE

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
	• EDITS FOR FORT DRUM SPECIAL PROCESSING.		
2-145-14R	PATIENT COPAYMENT MUST = ZERO **WHEN** SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED **OR** DECEASED;		
	SPECIAL PROCESSING CODE =	9	FT DRUM DEMONSTRATION
	PROVIDER PARTICIPATION INDICATOR =	Y	YES
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
		A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	PRINCIPAL TREATMENT DIAGNOSIS ≠ 290-316 (MENTAL HEALTH)		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		F	ADJUSTMENT NEW SUFFIX
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN PATIENT COPAYMENT MUST BE ≤ ZERO.		
2-145-15R	PATIENT COPAYMENT MUST BE $4.00 TIMES NUMBER OF SERVICES (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) **WHEN**		
	SPONSOR STATUS =		ANY VALUE LISTED UNDER ACTIVE DUTY, TAMP DESIGNEE, RETIRED **OR** DECEASED;
	SPECIAL PROCESSING CODE =	9	FT DRUM DEMONSTRATION
	PROVIDER PARTICIPATION INDICATOR =	Y	YES
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
	PRINCIPAL TREATMENT DIAGNOSIS = 290 - 316 (MENTAL HEALTH);		
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	O	OUTPATIENT
		A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT

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ELEMENT NAME:	PATIENT COPAYMENT (2-145) (CONTINUED)		
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.		
	• EDIT FOR ARMY CAM DEMONSTRATIONS, FAMILY MEMBERS OF ACTIVE DUTY SPONSOR.		
2-145-16R	PATIENT COPAYMENT MUST BE THE ACTIVE DUTY DAILY RATE TIMES THE NUMBER OF SERVICES[2] (WHERE AMOUNT ALLOWED BY PROCEDURE CODE ≠ ZERO FOR DETAIL OCCURRENCE) **WHEN**		
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OSC
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE
	PROGRAM INDICATOR =	I	INSTITUTIONAL
		N	NON-INSTITUTIONAL
	ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE[1] =	P	PARTIAL PSYCHIATRIC OUTPATIENT
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
	PROCEDURE CODE = '92891', '92892', '92893', '92898', **OR** '92899'		
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX

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ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS **OR**
		U	BENEFICIARY INDEMNIFICATION PAYMENT **OR**
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	9	FORT DRUM **OR**
		A	INTERNAL PARTNERSHIP **OR**
		N	CHAMPUS SELECT **OR**
		R	MEDICARE/TRICARE DUAL ENTITLEMENT **OR**
		S	RESOURCE SHARING **OR**
		#	HOSPICE **OR**
		MH	MENTAL HEALTH
2-145-17R	IF FIRST POSITION OF TYPE OF SERVICE[1] =	C	AF CAM PRIMARY/PREVENTIVE CARE
	AND SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA **OR**
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THEN PATIENT COPAYMENT MUST = ZERO.		
	• EDIT FOR CHAMPUS SELECT.		
2-145-18R	PATIENT COPAYMENT MUST = ZERO **WHEN**		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	UNLESS ENROLLMENT STATUS = 'H'		
2-145-19R	PATIENT COPAYMENT MUST = ZERO **WHEN**		
	SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY **OR**
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**

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[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

ELEMENT NAME: PATIENT COPAYMENT (2-145) (CONTINUED)

	AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR **OR**
	SC	SUPPLEMENTAL HEATLH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!**

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150)

VALIDITY EDITS

2-150-01	MUST BE NUMERIC.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE
	TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
	PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE
	TYPE OF SUBMISSION	SEE BELOW	AMOUNT ALLOWED, FILING DATE
	SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
	OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-150-02R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL

2-150-03R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

	TYPE OF SUBMISSION =	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE,

UNLESS
THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO.

2-150-05R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.**

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)		
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	TYPE OF SERVICE[1] FOR ANY DETAIL OCCURRENCE =	I	INPATIENT (FIRST BYTE)
		K	EMERGENCY ROOM ADMISSION
		M	MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)
		P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION(
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
OR	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
ELSE	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
OR	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-06R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**		
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.**

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)		
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	PROGRAM INDICATOR =	H	PFPWD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
OR	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE DATABASE)		
ELSE	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
OR	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)		
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
1-150-07R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO **WHEN**		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A	PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)
		S	RESOURCE SHARING
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
OR	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.**

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)		
	ELSE		
	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)		
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-08R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**		
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	SPONSOR STATUS =	A	ACTIVE DUTY
		P	TAMP DESIGNEE
		B	RECALLED ACTIVE DUTY
		E	MEPCOM ENLISTEE
		J	ACADEMY/OCS
		N	NATIONAL GUARD
		Q	PRISON/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY
	TYPE OF SERVICE[1] FOR ANY DETAIL OCCURRENCE =	A	AMBULATORY SURGERY (FIRST BYTE)
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.**

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)		
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-09R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**		
	ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		S	CRI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
	TYPE OF SERVICE[1] FOR ANY DETAIL OCCURRENCE =	O	OUTPATIENT (FIRST BYTE)
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		D	COMPLETE DENIAL
	OR TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	ELSE TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.**

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE (2-150) (CONTINUED)		
	OR		
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION
	WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
	THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.		
2-150-10R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**		
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT
2-150-11R	AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO **WHEN**		
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA **OR**
		J	LUKE/WILLIAMS AFB CATCHMENT AREA **OR**
		AD	ACTIVE DUTY **OR**
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE **OR**
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT AT RISK PAYMENT BY CONTRACTOR. **OR**
		MS	TRICARE SENIOR PRIME (NETWORK) **OR**
		MN	TRICARE SENIOR PRIME (NON-NETWORK) **OR**
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

[1] **SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.**

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155)

VALIDITY EDITS

2-155-01	MUST BE NUMERIC.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR	IF SPECIAL PROCESSING CODE =	MS	TRICARE-SENIOR PRIME (NETWORK)
		MN	TRICARE-SENIOR PRIME (NON-NETWORK)

THEN BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

2-155-02R	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO **WHEN**		
	TYPE OF SUBMISSION IS =	D	COMPLETE CONTRACTOR DENIAL **OR**
		O	ZERO PAYMENT **OR**
		C	COMPLETE CANCELLATION

2-155-04R	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO **WHEN**		
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT TO NON-HCSR DATA **OR**

[1] IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)		
		C	COMPLETE CANCELLATION OR
		E	CANCELLATION OF NON-HCSR DATA
	AND		
	REASON FOR ADJUSTMENT =	D	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) OR
		E	ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) OR
		F	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≥ ZERO **WHEN**		
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT TO NON-HCSR DATA
	AND		
	REASON FOR ADJUSTMENT =	A	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) OR
		B	ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) OR
		C	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)
2-155-05R	EDIT FOR NO DISCOUNT NO OHI/TPL.		
	IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE > ZERO OR AMOUNT OF THIRD PARTY LIABILITY > ZERO THEN BYPASS EDIT		
	ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) **WHEN**		
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		C	CANCELLATION OR
		F	ADJUSTMENT TO NEW SUFFIX OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT OR
		R	RESUBMISSION OR ERROR REJECT

[1] **IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**

ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)		
AND ENROLLMENT STATUS =	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM **OR**
	F	FI STANDARD PROGRAM **OR**
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM **OR**
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM **OR**
	Q	NEW ORLEANS STANDARD PROGRAM **OR**
	S	CRI STANDARD PROGRAM **OR**
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
AND SPECIAL RATE CODE =	ƀ	NO SPECIAL RATE

2-155-06R	EDIT FOR CLAIMS WITH OHI AND TPL.		
	IF AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO **THEN** BYPASS EDIT		
	ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE EQUAL TO OR LESS THAN BOTH (AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)) **AND** (AMOUNT BILLED) WHEN		
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	CANCELLATION **OR**
		I	INITIAL SUBMISSION **OR**
		R	RESUBMISSION OF ERROR REJECT **OR**
		O	ZERO PAYMENT **OR**
		F	ADJUSTMENT NEW SUFFIX

2-155-08R	EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595), AND PROFESSIONAL COMPONENTS (90594)) PLUS

[1] **IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.**

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)		
THE AFTER DISCOUNT RATE =	A	96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT **OR**	
	B	97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT **OR**	
	C	98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT **OR**	
	E	99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT	
TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES]) WHEN			
TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**	
	C	CANCELLATION **OR**	
	I	INITIAL SUBMISSION **OR**	
	R	RESUBMISSION OF ERROR REJECT **OR**	
	O	ZERO PAYMENT **OR**	
	F	ADJUSTMENT NEW SUFFIX	
AND ENROLLMENT STATUS =	F	FI STANDARD PROGRAM **OR**	
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM **OR**	
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM **OR**	
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM **OR**	
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM **OR**	
	Q	NEW ORLEANS STANDARD PROGRAM **OR**	
	S	CRI STANDARD PROGRAM **OR**	
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD	
AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO;			
AND PROGRAM INDICATOR =	I	INSTITUTIONAL **OR**	
	N	NON-INSTITUTIONAL **OR**	
	D	DRUG **OR**	
	T	DENTAL	
AND SPECIAL RATE CODE =	A	DRG 4% DISCOUNT **OR**	
	B	DRG 3% DISCOUNT **OR**	
[1] IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = $0.00.			

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR (2-155) (CONTINUED)

		C	DRG 2% DISCOUNT **OR**
		E	DRG 1% DISCOUNT

2-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED
AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE = ZERO **WHEN**

	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT **OR**
		R	RESUBMISSION OF ERROR REJECT

ELSE

	TYPE OF SUBMISSION =	B	ADJUSTMENT NON-HCSR DATA **OR**
		E	CANCELLATION NON-HCSR DATA

THEN AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ≤ ZERO.

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[1] IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT
CONTRACTOR MUST = $0.00.